

Foster Family Home - Corrective Action Report

Provider ID: 1-100013

Home Name: Melanny Lopez, CNA

Review ID: 1-100013-8

94-205 Wehena Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/23/2020

Foster Family Home

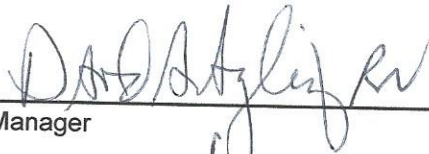
Required Certificate

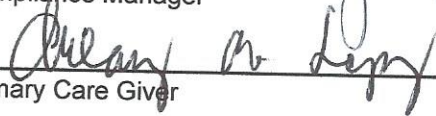
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification.
Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

4/23/2020
Date

4/23/2020
Date